



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/043,454-Conf. #8257
	Filing Date	January 11, 2002
	First Named Inventor	Dennis M. Smid
	Art Unit	3635
	Examiner Name	R. Canfield
	Attorney Docket Number	DSMID 3.0-001 RE

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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Customer Number:

OR

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Individual Name

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Country

State

Zip

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Dennis M. Smid

Date

8-14-07

Telephone

908-518-6374

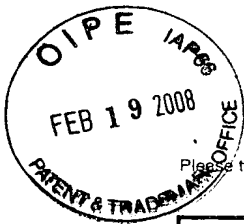
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*Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature

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Date

8-14-07

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913 812-8241

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of 2 forms are submitted.